

Eastern Mennonite University

Expense Report

NAME:	ID NUMBER:
ADDRESS:	WEEK ENDING:
EMAIL ADDRESS:	
PURPOSE OF TRIP/EXP:	PAY DATE:

DAY		SUN.	MON.	TUE.	WED.	THURS.	FRI.	SAT.	
DATE									
T r a v e l & L o d g i n g	Travel From:								WEEKLY TOTALS
	Travel To:								
	Travel To:								
	Auto Mileage:								
	Mileage @ \$0.45 per mile								
	Parking and Tolls								
	Auto Rental								
	Airfare and Raifare								
	Taxi, Bus, and Subway								
	* Lodging								
M e a l s	* Breakfast (incl. tips)								
	* Lunch (incl. tips)								
	* Dinner (incl. tips)								
	* Other								
M i s c	Telephone/Fax								
	Postage								
	Office Supplies/Copies								
	Conference Registration								
	Other:								
Totals									A

*** Explanations - Required when paying expenses of others**

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ACCOUNT DISTRIBUTION	Amount	EXPENSE SUMMARY	
	_____	Total Expenses This Report (From 'A')	_____
	_____	Less: Cash Advanced	_____
Total	=====	Amount Due Employee [EMU] ('B' - 'C')	=====

NOTE: Original, detailed receipts are required for all expenses over \$25

X _____ Signature of person receiving reimbursement	X _____ Approval signature
Date	Date